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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/726,178

Filing Date: December 2, 2003

Applicant: Richard E. Murrish et al.

Group Art Unit: 2125

Examiner: Steven R. Garland

Title: ALTERNATE PLY REPRESENTATION FOR  
COMPOSITE DESIGN AND MANUFACTURING

Attorney Docket: 7784-000622

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**AMENDMENT AND PETITION FOR EXTENSION OF TIME**

Sir:

In response to the Office Action mailed May 23, 2005, please amend the application as follows and consider the remarks set forth below.

Applicants hereby petition under the provisions of 37 C.F.R. § 1.136(a) for an extension of time in which to respond to the outstanding Office Action and include a fee as set forth in 37 C.F.R. § 1.17(a) with this response for such extension of time.

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** begin on page 6 of this paper.

**Remarks** begin on page 12 of this paper.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**O I P E**  
 SEP 23 2005  
 PATENT & TRADEMARK OFFICE

# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 120)

| Complete if Known    |                           |
|----------------------|---------------------------|
| Application Number   | 10/726,178                |
| Filing Date          | December 2, 2003          |
| First Named Inventor | Richard E. Murrish et al. |
| Examiner Name        | Steven R. Garland         |
| Art Unit             | 2125                      |
| Attorney Docket No.  | 7784-000622               |

| METHOD OF PAYMENT (check all that apply)  |              |                               |              | FEE CALCULATION (continued) |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
|---|--------------|-------------------------------|--------------|-----------------------------|--------------|----------|------------------------------|--------------|--------------|-----------------|--------------|----------------|----------|----------|----------|--------------------|-------|------|-----|------|-----|--------------------|------|--------------------|------|-----|-------------------|------|-----|------|-----|----------------------------|------|-----|------|-----|--------------------|------|-----|------|----|------------------------|---------------------|--|--|--|--------|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account  |              |                               |              | <b>3. ADDITIONAL FEES</b>   |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| Deposit Account Number  |              | 08-0750                       |              | Large Entity                | Small Entity |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| Deposit Account Name  |              | Harness, Dickey & Pierce, PLC |              | Fee Code                    | Fee (\$)     | Fee Code | Fee (\$)                     |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| The Director is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fees under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |              |                               |              |                             |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| <b>FEE CALCULATION</b>  |              |                               |              |                             |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>790</td> <td>2001</td> <td>395</td> <td>Utility filing fee</td> </tr> <tr> <td>1002</td> <td>350</td> <td>2002</td> <td>175</td> <td>Design filing fee</td> </tr> <tr> <td>1003</td> <td>550</td> <td>2003</td> <td>275</td> <td>Plant filing fee</td> </tr> <tr> <td>1004</td> <td>790</td> <td>2004</td> <td>395</td> <td>Reissue filing fee</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$ 0)</td> </tr> </tbody> </table> |              |                               |              |                             |              |          |                              | Large Entity | Small Entity | Fee Description |              | Fee Paid       | Fee Code | Fee (\$) | Fee Code | Fee (\$)           |       | 1001 | 790 | 2001 | 395 | Utility filing fee | 1002 | 350                | 2002 | 175 | Design filing fee | 1003 | 550 | 2003 | 275 | Plant filing fee           | 1004 | 790 | 2004 | 395 | Reissue filing fee | 1005 | 160 | 2005 | 80 | Provisional filing fee | <b>SUBTOTAL (1)</b> |  |  |  | (\$ 0) |
| Large Entity  | Small Entity | Fee Description               |              | Fee Paid                    |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| Fee Code  | Fee (\$)     | Fee Code                      | Fee (\$)     |                             |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| 1001  | 790          | 2001                          | 395          | Utility filing fee          |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| 1002  | 350          | 2002                          | 175          | Design filing fee           |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| 1003  | 550          | 2003                          | 275          | Plant filing fee            |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| 1004  | 790          | 2004                          | 395          | Reissue filing fee          |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| 1005  | 160          | 2005                          | 80           | Provisional filing fee      |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| <b>SUBTOTAL (1)</b>   |              |                               |              | (\$ 0)                      |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>-20 **</th> <th>= 0</th> <th>Extra Claims</th> <th>Fee from below</th> <th>X</th> <th>= 0</th> <th>Fee Paid</th> </tr> <tr> <th>Independent Claims</th> <td>-3 **</td> <td>= 0</td> <td></td> <td>X</td> <td></td> <td>= 0</td> <td></td> </tr> <tr> <th>Multiple Dependent</th> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>= 0</td> <td></td> </tr> </thead> <tbody> <tr> <td colspan="8" style="text-align: right;"><b>SUBTOTAL (2)</b> (\$ 0)</td> </tr> </tbody> </table>  |              |                               |              |                             |              |          |                              | Total Claims | -20 **       | = 0             | Extra Claims | Fee from below | X        | = 0      | Fee Paid | Independent Claims | -3 ** | = 0  |     | X    |     | = 0                |      | Multiple Dependent |      |     |                   | X    |     | = 0  |     | <b>SUBTOTAL (2)</b> (\$ 0) |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| Total Claims  | -20 **       | = 0                           | Extra Claims | Fee from below              | X            | = 0      | Fee Paid                     |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| Independent Claims  | -3 **        | = 0                           |              | X                           |              | = 0      |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| Multiple Dependent  |              |                               |              | X                           |              | = 0      |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| <b>SUBTOTAL (2)</b> (\$ 0)  |              |                               |              |                             |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| *or number previously paid, if greater; For Reissues, see above   |              |                               |              |                             |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| Other fee (specify) _____   |              |                               |              |                             |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
| *Reduced by Basic Filing Fee Paid   |              |                               |              |                             |              |          |                              |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |
|   |              |                               |              |                             |              |          | <b>SUBTOTAL (3)</b> (\$ 120) |              |              |                 |              |                |          |          |          |                    |       |      |     |      |     |                    |      |                    |      |     |                   |      |     |      |     |                            |      |     |      |     |                    |      |     |      |    |                        |                     |  |  |  |        |

| SUBMITTED BY      |                                  | Complete (if applicable)          |               |           |                    |
|-------------------|----------------------------------|-----------------------------------|---------------|-----------|--------------------|
| Name (Print/Type) | Mark D. Elchuk/Erica K. Schaefer | Registration No. (Attorney/Agent) | 33,686/55,861 | Telephone | (248) 641-1600     |
| Signature         |                                  |                                   |               | Date      | September 23, 2005 |